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TRANSMITTAL		Application Number	10/659,769			
	ν.	Filing Date	September 10, 2003			
FORM		First Named Inventor	Shaodong Chen			
(to be used for all correspondence after initial filing)		Art Unit	2832			
		Examiner Name	Michael A. Friedhofer			
otal Number of Pages in This Submission	15	Attorney Docket Number	2189-000002			
	ENCLO	SURES (check all that apply)				
Fee Transmittal Form	☐ Drawin	g(s)	After Allowance Communication to Technology Center (TC)			
☑ Fee Attached	Licensi	ng-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	Petition	1	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final		to Convert to a onal Application	Proprietary Information			
Affidavits/declaration(s)		of Attorney, Revocation e of Correspondence Address	Status Letter			
Extension of Time Request	Termin	al Disclaimer	Other Enclosure(s) (please identify below):			
Express Abandonment Request		st for Refund	Return postcard			
		mber of CD(s)				
Information Disclosure Statement						
Certified Copy of Priority Document(s)	Rema	1	hereby authorized to charge any additional ired under 37 CFR 1.16 or 1.17 to Deposit			
Response to Missing Parts/ Incomplete Application		7,000ank 110. 00 0700.				
Response to Missing Parts under 37 CFR 1.52 or 1.53		*				
SIGNAT	TURE OF	APPLICANT, ATTORNEY, O	R AGENT			
Firm or Individual name Harness, Dickey &	Pierce, P.L.	Attomey Name Paul A. Keller	Reg. No. 29,752			
Signature		(cilli				
Date September 1, 2004			·			
C	ERTIFICAT	E OF TRANSMISSION/MAIL	LING			
I hereby certify that this correspondence i Service with sufficient postage as first c Alexandria, VA 22313-1450 on the date sh	tass mail ir	imile transmitted to the USPTO an envelope addressed to: Co	or deposited with the United States Posta ommissioner for Patents, P.O. Box 1450,			
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Complete if Known ÇE TRANSMITTAL 10/659,769 Application Number for FY 2004 Filing Date September 10, 2003 First Named Inventor Shaodong Chen Effective 100/2003. Patent fees are subject to annual revision. **Examiner Name** Michael A. Friedhofer Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2832

TOTAL AMOUNT OF PAYMENT (\$) 43					Attorney Docket No.			2189	2189-000002			
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)							
					3. ADDITIONAL FEES							
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order				<u>Large</u>	Large Entity Small Entity							
Deposit Account:			Fee	Fee	Fee	Fee						
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Account 08-0750 Number				1051	130	2051	65		filing fee or oath	<u> </u>		
, Number	Number				1052	50	2052	25	Surcharge - late or cover sheet.			
Deposit Account Hamess, Dickey & Pierce, P.L.C. Name			1053	130	1053	130	Non-English spe	ecification				
				1812	2,520	1812	2,520	For filing a reque	est for reexamination			
The Director is authorized to: (check all that apply)			1804	920*	1804	920*	Requesting public Examiner action	lication of SIR prior to				
☐ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge any additional fee(s) during the pendency of this application			1805	1,840*	1805	1,840*	Requesting publication	lication of SIR after				
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				1251	110	2251	55	Extension for rep	ply within first month			
FEE CALCULATION				1252	420	2252	210	Extension for reply within second month		. [] [
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1002 340 20		gn filing fee		1	1402	330	. 2402	165	Filing a brief in s	support of an appeal		
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		sue filing fee		1	1451	1,510	1451	1,510	Petition to institu	rte a public use		
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	SUBTOTAL (1)		(\$) 0	٦.	1453	1,330	2453	665	Petition to revive	tition to revive – unintentional		
					1501	1,330	2501	665	Utility issue fee (or reissue)			
2. EXTRA CLAI		FILITY AND REIS			1502	480	2502	240	Design issue fee)		
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Total Claims 12	-20 ** = 0	x 9	= 0	٦	1460	130	1460	130	Petitions to the (Commissioner		
Independent	7 7			Ħ	1807	50	1807	50	Processing fee u	under 37 CFR 1.17 (q)		
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1202 18	***	Claims in excess of 2	0		1810	770	2810	385	(37 CFR § 1.129	nal invention to be	├ ─┤┃	
1201 86		Independent claims in						000	examined (37 Cl		1 11	
1203 290		Multiple dependent cl		id	1801	770	2801	385	Request for Continu	ued Examination (RCE)		
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SUBTOTAL (2) (\$) 43												
**or number previously paid, if greater; For Reissues, see above					*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0							
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SUBMITTED BY			Pogiotorian di		1	т	-		Com	plete (if applicable)		
Name (Print/Type) Paul A., Weller Registration No. (Attgriev/Apont)					29,752 · Telephone (248) 641-1600			(248) 641-1600	-)(-			
Signature									Date	September 1, 2004		

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